



020204

13281 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|---|------------------------|---|--|--|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No. | M4065.0237/P237-C | | |
| | First Inventor | Mark Fischer | | |
| | Title | DOUBLE BLANKET ION IMPLANT METHOD AND STRUCTURE | | |
| | Express Mail Label No. | | | |

| | |
|--|---|
| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
|--|---|

| | |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 23] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure | a. <input type="checkbox"/> Computer Readable Form (CRF) |
| 4. <input checked="" type="checkbox"/> Drawing(s) <small>(35 U.S.C. 113)</small> [Total Sheets 11] | b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper |
| 5. Oath or Declaration [Total Sheets 8] a. <input type="checkbox"/> Newly executed (original or copy) | c. <input type="checkbox"/> Statements verifying identity of above copies |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> | |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> | |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | |

| | |
|---|--|
| ACCOMPANYING APPLICATION PARTS | |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> | |
| 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | |
| 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations | |
| 13. <input checked="" type="checkbox"/> Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> | |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> | |
| 17. <input type="checkbox"/> Other: | |


18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **10/285,488**

Prior application information: Examiner **D. Nhu** Art Unit: **2818**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| | | | | | |
|---|---|-----------|---|----------|----------------|
| 19. CORRESPONDENCE ADDRESS | | | | | |
| <input checked="" type="checkbox"/> Customer Number: 24998 | OR | | <input type="checkbox"/> Correspondence address below | | |
| Name | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico | | | | |
| Address | 2101 L Street NW | | | | |
| City | Washington | State | DC | Zip Code | 20037-1526 |
| Country | US | Telephone | (202) 785-9700 | Fax | (202) 887-0689 |

| | | | |
|-------------------|---|-----------------------------------|------------------|
| Name (Print/Type) | Thomas J. D'Amico | Registration No. (Attorney/Agent) | 28,371 |
| Signature |  | Date | February 2, 2004 |



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| FEE TRANSMITTAL for FY 2004 | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------|-----------------------------------|-----------------------|-----------------|----------|----------|------------|-----------|----------|--------------------|------|----------|-----------------|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|---------------------|--|-------------|--------|--|--|
| Effective 10/01/2003, Patent fees are subject to annual revision. | | Application Number | Not Yet Assigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | Concurrently Herewith | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | Mark Fischer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | Not Yet Assigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Art Unit | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Attorney Docket No. | M4065.0237/P237-C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) 1,144.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Director is authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td></tr><tr><td colspan="2" style="text-align: right;">SUBTOTAL (1)</td><td>(\$)</td><td>770.00</td></tr></tbody></table> | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 385 | 1002 | 340 | 2002 | 170 | 1003 | 530 | 2003 | 265 | 1004 | 770 | 2004 | 385 | 1005 | 160 | 2005 | 80 | SUBTOTAL (1) | | (\$) | 770.00 | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 | 770 | 2001 | 385 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 | 340 | 2002 | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 | 530 | 2003 | 265 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | 770 | 2004 | 385 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | 160 | 2005 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | (\$) | 770.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>36</td><td>-20** = 16</td><td>x 18.00 =</td><td>288.00</td></tr><tr><td>Independent Claims</td><td>4</td><td>-3** = 1</td><td>x 86.00 = 86.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table> | | Total Claims | Extra Claims | Fee from below | Fee Paid | 36 | -20** = 16 | x 18.00 = | 288.00 | Independent Claims | 4 | -3** = 1 | x 86.00 = 86.00 | Multiple Dependent | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | -20** = 16 | x 18.00 = | 288.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 4 | -3** = 1 | x 86.00 = 86.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td></tr></tbody></table> | | Large Entity | Small Entity | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202 | 9 | 1201 | 86 | 2201 | 43 | 1203 | 290 | 2203 | 145 | 1204 | 86 | 2204 | 43 | 1205 | 18 | 2205 | 9 | | | | | | | |
| Large Entity | Small Entity | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 18 | 2202 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 86 | 2201 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 290 | 2203 | 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | 86 | 2204 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | 18 | 2205 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) (\$) | | 374.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | (Complete if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type) | Thomas J. D'Amico | Registration No. (Attorney/Agent) | 28,371 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | Telephone | (202) 828-2232 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Date | February 2, 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |